#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

### **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: RABES (190026)

Address: 6915 W BUTLER RD, JANESVILLE, WI 53548

**License Status: REGULAR** 

Licensed/Certified/Registered 01/02/1993

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Survey ID: 0094767 End Date: 04/01/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008164 Served 04/02/2005

<u>Deficiencies Cited</u> <u>Subject Area</u>

50.065(6)(b) CREDENTIALED CAREGIVERS

Compliance

Verified Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0094206 End Date: 02/22/2005 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008132 Served 03/15/2005

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected
88.04(2)(a)	RESPONSIBILITIES		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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**Enforcement History** 

Date: 04/01/2005 SOD #10008164 Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT

Date: 03/07/2005 SOD #10008132 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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